

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
REQUEST FOR FILING APPLICATION UNDER 37 C.F.R. 1.53(b)
WITHOUT FILING FEE AND/OR WITHOUT EXECUTED INVENTOR'S DECLARATION**

14202
08/28/03
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
C.R.P.

Atty. Dkt. 117-473

Date: August 28, 2003

08/28/03
10/650074
DSC45 U.S. PRO

This is a request for filing a new PATENT APPLICATION under Rule 53(b) entitled:

TREATMENT FOR LIVER DISEASE

without a filing fee and/or without an executed inventor's oath/declaration.

This application is made by the below identified inventor(s). Attached hereto are the following papers:

Newly executed Declaration, Copy of Declaration from prior application, Abstract
 Please delete the following inventors in the continuation/division/continuation-in-part application:

Deleted persons:

70 pages of specification and claims (including 29 numbered claims), and
10 sheets of accompanying drawing/s.

Attached is a Power of Attorney.

Priority is hereby claimed under 35 U.S.C. § 119 based on the following foreign applications:

Application Number	Country	Day/Month/Year Filed
--------------------	---------	----------------------

, respectively, the entire content of which is hereby incorporated by reference in this application..

Certified copy(ies) of foreign application(s) is/are attached.

Certified copy(ies) filed on _____ in prior application no. _____ filed _____

This application claims the benefit of Provisional Application No. 60/406,669, filed 29 August 2002, the entire content of which is hereby incorporated by reference in this application.

This application is a continuation/ division/ continuation-in-part of Application No. _____, filed _____, the entire content of which is hereby incorporated by reference in this application.

Petition filed in prior application to extend its life to insure co-pendency.

The prior application is assigned to _____, _____, _____.

It is hereby requested that the Examiner consider the art cited in the above parent application(s) by applicant and/or the Examiner for the reasons stated therein. A listing of that art is attached, but pursuant to Rule 98(d) copies are not required.

Applicant claims "small entity" status. "Small entity" statement attached.

Please enter the attached and/or below preliminary amendment prior to calculation of filing fee:

Also attached: Information Disclosure Statement; Non-Publication Request; Nucleotide and/or Amino Acid Sequence Submission; Statement deleting Inventor(s) named in prior application; Other:

1.	Inventor:	Michael (first)	James Paul MI	ARTHUR (last)	British (citizenship)
Residence: (city)	Southampton	(state/country) United Kingdom			
Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom				
(Zip Code)	S016 6YD				

2.	Inventor:	Derek (first)	Austin MI	MANN (last)	British (citizenship)
Residence: (city)	Southampton	(state/country) United Kingdom			
Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom				
(Zip Code)	S016 6YD				

3.	Inventor:	John (first)	Doe MI	Doe (last)	British (citizenship)
Residence: (city)	Southampton	(state/country) United Kingdom			
Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom				
(Zip Code)	S016 6YD				

See attached sheet(s) for additional inventor(s) information!!

Address all future communications to NIXON & VANDERHYE P.C., 1100 North Glebe Road, 8th Floor, Arlington, VA 22201.
Correspondence Address:

Customer Number:

23117

By Atty: Mary J. Wilson, Reg. No. 32,955

Telephone: (703) 816-4000

Facsimile: (703) 816-4100

MJW:ecb

Signature:

Mary J. Wilson

3.	Inventor:	John (first)	Peter MI	IREDALE (last)	British (citizenship)
	Residence: (city)	Southampton (state/country) United Kingdom			
	Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom			
	(Zip Code)	S016 6YD			
4.	Inventor:	Christopher (first)	MI	BENYON (last)	British (citizenship)
	Residence: (city)	Southampton (state/country) United Kingdom			
	Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom			
	(Zip Code)	S016 6YD			
5.	Inventor:	Frank (first)	MI	MURPHY (last)	British (citizenship)
	Residence: (city)	Southampton (state/country) United Kingdom			
	Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom			
	(Zip Code)	S016 6YD			
6.	Inventor:	Fiona (first)	MI	OAKLEY (last)	British (citizenship)
	Residence: (city)	Southampton (state/country) United Kingdom			
	Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom			
	(Zip Code)	S016 6YD			
7.	Inventor:	Richard (first)	MI	RUDDELL (last)	British (citizenship)
	Residence: (city)	Southampton (state/country) United Kingdom			
	Mailing Address:	c/o Liver Research Group, Division Infection, Inflammation, Allergy and Repair, University of Southampton, Southampton Gerenal Hospital, Southampton, United Kingdom			
	(Zip Code)	S016 6YD			
8.	Inventor:	Matthew (first)	Christopher MI	WRIGHT (last)	British (citizenship)
	Residence: (city)	Aberdeen (state/country) United Kingdom			
	Mailing Address:	c/o Department of Molecular and Cell Biology, Uniiversity of Aberdeen, Institute of Medical Sciences Foresterhill, Aberdeen, United Kingdom			
	(Zip Code)				
9.	Inventor:	 (first)	MI	(last)	(citizenship)
	Residence: (city)				
	Mailing Address:				
	(Zip Code)				
10.	Inventor:	 (first)	MI	(last)	(citizenship)
	Residence: (city)				
	Mailing Address:				
	(Zip Code)				
11.	Inventor:	 (first)	MI	(last)	(citizenship)
	Residence: (city)				
	Mailing Address:				
	(Zip Code)				

NOTE: FOR ADDITIONAL INVENTORS, check box and attach sheet with same information and signature and date for each.